2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 17, 2008
Secretary of State

DOCUMENT# P17021

Entity Name: TREE OF LIFE, INC.

Current Principal Place of Business:

405 GOLFWAY WEST DRIVE
ST. AUGUSTINE, FL 320958836

New Principal Place of Business:

Current Mailing Address:

PO BOX 9000
ST. AUGUSTINE, FL 320859000

New Mailing Address:

FEI Number: 06-1193927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete
Name: LANE, RICHARD
Address: 405 GOLFWAY WEST DR.
City-St-Zip: ST. AUGUSTINE, FL 32905

Title: S ( ) Delete
Name: KOSMIN, KELLY P
Address: 407 GOLFWAY WEST DR.
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D ( ) Delete
Name: KOSMIN, KELLY P
Address: 405 GOLFWAY WEST DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LANE, RICHARD
Address: 405 GOLFWAY WEST DR.
City-St-Zip: ST. AUGUSTINE, FL 32905

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DCEO ( ) Change (X) Addition
Name: VEENHOF, AD A
Address: 405 GOLFWAY WEST DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY P. KOSMIN D 11/17/2008

Electronic Signature of Signing Officer or Director — Date